

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
USE WITH FORM PTO-875

10

SERIAL NO.

FILING DATE

APPLICANT(S)

533

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2			
TOTAL DEP.	22		25			
TOTAL CLAIMS	24		27			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						